

Notice of Independent Review Decision

September 11, 2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

6 Individual Psychotherapy Sessions to be done over 8 weeks to include CPT code 90806

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

The physician performing this review is Board Certified, American Board of Physical Medicine & Rehabilitation. The physician is certified in pain management. The physician is a member of the Texas Medical Board. The physician has a private practice of Physical Medicine & Rehabilitation, Electro Diagnostic Medicine & Pain Management in Texas. The physician has published in medical journals. The physician is a member of his state and national medical societies.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

Upon independent review, I find the previous adverse determination should be upheld.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Records Received: 1 document received totaling 15 pages via fax 08/23/12 Texas Department of Insurance IRO request and Letter of authorization, 92 pages received via fax 08/27/12 URA response to disputed services including administrative and medical records. 44 pages received via fax 08/23/12 Provider response to disputed services including administrative and medical records. Dates of documents range from 01/12/12 to 08/23/12.

- Various documents and evaluations from Health Associates Inc
- Treatment notes from DC regarding right elbow epicodylitis
- Treatment notes from MD regarding medications
- DWC69 form completed by DC indicating patient not at MMI on 4/5/2012
- Medical report from MD
- Designated doctor examination 12/5/2011, DO
- Electrodiagnostic examination report 10/14/2011 indicating carpal tunnel syndrome
- Designated Doctor examination, 8/18/2011, DO, indicating not at MMI
- Imaging 7/6/2011, MR right elbow
- Medical records, MD
- Medical Records, MedClinic
- Adverse determination of original preauthorization request, PhD 8/3/2012
- Adverse determination of reconsideration request MD, 8/20/2012
- Peer review MD, 5/25/2010
- DDE 11/14/2011, MD, Clinical MMI 3/16/2011, Zero % impairment

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient was working at the time of the work injury. While carrying trash bags down some stairs with extended right arms she reported pain. Exposure to a variety of treatment options failed to completely relieve symptoms. Recent completion of 6 sessions of IT. Working full duty since 1/12/2012. Experiencing fear avoidance still. Increased pain levels with activity. Current medications indicated to be tramadol, naproxen and fluraxepam. Patient stated to be in consideration of surgery.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Patient's examinations continued to note symptoms out of proportion to clinical findings. Patient afforded multiple treatments and diagnostic studies. Has been determined to have reached MMI with zero impairment rating. Patient has had opportunity for IT and provided HEP with return to work. Further treatment with same approach appears to be unlikely to produce a different outcome. It appears that treatment goal of medical care, MMI and return to work have been met, but with continuing patient symptom report.

ODG : Recommended for appropriately identified patients during treatment for chronic pain.

Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested: Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention.

Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy.

Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also [Multi-disciplinary pain programs](#). See also [ODG Cognitive Behavioral Therapy](#) (CBT) Guidelines. (Otis, 2006) (Townsend, 2006) (Kerns, 2005) (Flor, 1992) (Morley, 1999) (Ostelo, 2005) See also [Psychosocial adjunctive methods](#) in the Mental Illness & Stress Chapter. Several recent reviews support the assertion of efficacy of cognitive-behavioural therapy (CBT) in the treatment of pain, especially chronic back pain (CBP). (Kröner-Herwig, 2009)

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☐ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)